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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	96-204RE
First Named Inventor	Gad Assaf
Original Patent Number	6,108,954
Original Patent Issue Date (Month/Day/Year)	February 1, 2000
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☒ Power of Attorney
- Original U.S. Patent currently assigned? ☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)  
a. ☐ Computer Readable Form (CFR)  
b. Specification Sequence Listing on:  
i ☐ CD-ROM (2 copies) or CD-R (2 copies); or  
ii ☐ paper  
c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☒ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: .....

### 18. CORRESPONDENCE ADDRESS



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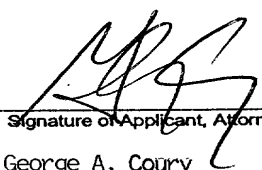
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Signature		Date	1/30/02

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Name and Reg. No. of Agent  
  
Signature  
1/30/02  
Date of Signature

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 96-204RE	
Claims as Filed - Part 1							
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate      Fee	
(A) 28	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(j))	(B) 28	**** 0 =	x \$ 0 =	0	or	x \$ ____ =
(C) 10		(D) 10	* 0 =	x \$ 0 =	0		x \$ ____ =
Basic Fee (37 CFR 1.16(h))					\$ 0		
Total Filing Fee					\$ 370	OR	\$
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate      Fee
Total Claims (37 CFR 1.16(i))	*** 49	MINUS **	28	* = 21	x \$ 9 =	189	x \$ ____ =
Independent Claims (37 CFR 1.16(j))	*** 14	MINUS *****	10	= 4	x \$ 42 =	168	x \$ ____ =
Total Additional Fee					\$ 357	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-0184</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>727.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><u>1/30/02</u> Date</p> </div> <div style="text-align: right;"> <p> _____ Signature of Applicant, Attorney or Agent of Record George A. Coury _____ Typed or printed name</p> </div> </div>							